

2X-156551  
22.6246TENNESSEE BUREAU OF INVESTIGATION  
Forensic Services Request for ExaminationNashville  
901 RS Gass Blvd.  
Nashville, TN 37216-2639  
615-744-4000Knoxville  
1791 Neals Commerce Ln  
Knoxville, TN 37914  
865-549-7800Memphis  
6325 Haley Rd.  
Memphis, TN 38134  
901-379-3400

COMPLETE ALL SECTIONS OF FORM EXCEPT SHADED AREAS

DM: D. Bryant  
Case Officer'sOfficer Email: dbryant@chattanooga.govAgency Case No: 22-136337HATTANOOGA POLICE DEPARTMENT  
410 AMNICOLA HWY.  
HATTANOOGA, TENNESSEE 37406County of Offense: HAMILTON (TN0330100)Type of Offense: Narcotic ViolationDate of Offense: 12/19/22Tel: (423) 643-5153

| Subject          | Sex | Race | Date of Birth     | Victim | Sex | Race | Date of Birth |
|------------------|-----|------|-------------------|--------|-----|------|---------------|
| Iffany Harris    | F   | W    | 9/ [REDACTED] /94 |        |     |      |               |
| Victoria Shipley | M   | W    | 9/ [REDACTED] /95 |        |     |      |               |

Recovered from search of vehicle on a traffic stop

| ONLY | Item Number | Description of Evidence | Where Recovered |
|------|-------------|-------------------------|-----------------|
| 1    | 1           | Meth                    | BSOP Broad st   |
| 2    | 2           | THC Oil                 |                 |
| 3    | 3           | THC Gummies             |                 |
| 4    | 4           | CBD Isolate             |                 |

ination  
ested: WEIGHT AND DRUG IDENTIFICATION

ther evidence been submitted on this

I certify this evidence is associated with a criminal or death investigation: case?

] NO  Lab No.

4816

Signature D. Bryant Print Name D. BryantSubmitted by: Alexis ComptonReceived by: Alexis ComptonReceived from: Alexis ComptonDate Received: 2/9/23 9:46

LAB #

231-002599

|                               |   |
|-------------------------------|---|
| <input type="checkbox"/> ALC  |   |
| <input type="checkbox"/> D    | / |
| <input type="checkbox"/> FAID |   |
| <input type="checkbox"/> I.P. |   |
| <input type="checkbox"/> SERO |   |
| <input type="checkbox"/> TOX  |   |
| MICRO                         |   |
| □□□                           |   |

 Package opened to retrieve request form  
 Request form on outer packaging Contents NOT verified at time of receipt

a 2/9/23

Initials/Date

 Gun Check OK

Initials/Date

 Explosives Check

Initials/Date

Case 11-223-000299-AWJD

Document 889-79

Filed 02/10/23 25

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